

DIRECTIONS: Both sides of this document must be signed and completed in its entirety in order for the application to be processed. Complete Part 1, if the person with disabilities is applying for plates and/or parking placard. Complete Parts 1 and 2, if member of the person with disabilities immediate family is applying for license plates.

PART 1. PERSON WITH DISABILITIES

I hereby apply for:

- _____ Person with Disabilities Parking Placard
- _____ Person with Disabilities License Plates (Application and fee for registration must accompany this form. Fee is based upon the current plate expiration, date of purchase of vehicle if newly acquired or the date of application, whichever is applicable.) **MUST HAVE PERMANENT DISABILITY TO OBTAIN PLATES.**

under the statutory provision, (625 ILCS 5/1 - 159.1) and certify that my physical condition entitles me to the issuance thereof. I am also aware that the person with disabilities parking device (whether plate or parking placard) must not be used unless I am a passenger in the vehicle.

_____ Date _____ Applicant's Signature

PLEASE PRINT OR TYPE BELOW:

Applicant's Name		Address	
City		ZIP	Telephone ()
Driver's License # or State ID #		Social Security #	
Please provide the following information for the primary vehicle(s) used to transport the applicant:			
Vehicle 1: Vehicle Identification # _____		Plate # _____	
Vehicle 2: Vehicle Identification # _____		Plate # _____	

PART 2. FAMILY MEMBER

Family Member's Name		Date
Address		City
		ZIP
Relationship of member to person with disabilities		Telephone ()

.....**FOR OFFICE USE ONLY**.....

1st _____ 2nd _____ Expiration date _____
Issued by _____ Issue date _____

WARNING: MISUSE OF OR FALSE APPLICATION FOR THE PERSON WITH DISABILITIES PARKING DEVICE can result in its revocation, a 30-day driver's license suspension, and a fine up to \$1,000. The person with disabilities must be present when parking the vehicle in areas reserved for such person or for free at metered spots.